

main activities include Targeted Interventions among high risk groups i.e. Commercial Sex Workers, Men having sex with men, Injecting Drug Users, Truckers Migrant Labour etc., IEC & Advocacy activities, Condom Promotion, Treatment for Sexually Transmitted Infection, referrals for Counseling & Testing facilities, provision of safe blood, Anti Retro Viral Treatment, Treatment for Opportunistic Infections, Community Care Centres, Drop in Centres, Inter Sectoral Collaboration & Mainstreaming activities etc.

### **Diabetic Research Centre in Orissa**

1135. SHRI B.J. PANDA  
MS. PRAMILA BOHIDAR:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Orissa Government has set up a Diabetic Research Centre;

(b) if so, the details thereof; and

(c) the details of the help that is proposed to be rendered by the Central Government to develop it as a state-of-the-art Institute?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The information is being collected and will be laid on the Table of the House.

### **Shortage of Doctors in PHCs**

1136. SHRI B.K. HARIPRASAD:  
SHRIMATI N.P. DURGA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether doctors posted at rural primary health centres are reluctant to report for duty and whether due to this, more than 40 per cent of the rural primary health centres are functioning without qualified doctors;

(b) whether Government would propose that the aspirants for a medical degree should undergo one year rural posting before they get a permanent registration from the Medical Council of India;

(c) whether even beyond registration, the doctors under the employment of Government would be mandated to serve in rural areas during their future postings;

(d) whether Government also propose to increase the retirement age of doctors from 60 to 65; and

(e) what are the other measures Government are taking to increasing the attendance of doctors in rural areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As on September, 2005, as against the 24476 sanctioned posts of doctors, there are 20308 doctors in position with shortfall of 1004 doctors in 23236 Primary Health Centres (PHCs) in the country.

(b) and (c) A final decision on the proposal for making mandatory rural posting of doctors is yet to be arrived at. A number of states however, have taken various initiatives to ensure presence of doctors in rural areas such as:

- Compulsory rural/difficult area posting for admission to post-graduate courses and as a pre-requisite for promotion, foreign assignment or training abroad;
- Compulsory rotation of doctors on completion of prescribed tenure as per classification of locations;
- Contractual appointment of doctors;
- Option to forego non practicing allowance and undertake practice without compromising on assigned duties, as per the service rules, offering incentive in form of allowance etc.;
- Manning of PHCs by NGOs/Non Government Stakeholders;
- Involvement of Medical Colleges.

(d) The Medical Council of India Regulations provide for appointment of medical teacher in medical colleges upto the maximum age of 65 years. Also the age of superannuation of Specialist doctors of Central Health

Service belonging to (i) Teaching (ii) Non-Teaching and (iii) Public Health sub-cadres has been enhanced from 60 years to 62 years.

(c) A Task Group constituted under the National Rural Health Mission under the Chairmanship of Director General of Health Services has recommended the following measures to ensure the services of doctors in rural areas:

- Increase in the age of retirement of doctors to 65 years preferably with posting near hometown;
- Decentralization of recruitment at district level;
- Walk-in-interview and contractual appointment of doctors;
- Enhancing the salary for posting in rural areas by one-third;
- Increasing the admission capacity in medical colleges for Anesthesia;
- Reviving the Diploma Course in Anesthesia;
- To start one year Certificate Course in Anesthesia for Medical Officers working in the system at present to be given by National Board of Examination;
- Recognition of five hundred bedded Hospitals to provide the facility for conducting the above course;
- Hiring of private practitioners on case-to-case basis.

Also, contractual appointment of doctors/specialists are being done by States/UTs under NRHM.

#### **GDP Spending on health by private sector**

†1137. SHRI RAJ MOHINDER SINGH MAJITHA:  
SHRI RAVI SHANKAR PRASAD:  
SHRI RAM JETHMALANI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that expenditure is being incurred on health system in public and private sector;

(b) if so, the average annual expenditure, in percentage of Gross

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†Original notice of the question was received in Hindi.